



# STAFF SERVICES ANALYST (GENERAL)

## CONTINUOUS WRITTEN

## TRANSFER EXAM REQUEST

### APPLICANTS – PLEASE COMPLETE INFORMATION BELOW

NAME (Last)	(First)	(M.I.)	SSN #
MAILING ADDRESS (Number)			(Street)
WORK TELEPHONE NUMBER			( )
(City)	(County)	(State)	(Zip Code)
HOME TELEPHONE NUMBER			( )

### PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Are you now employed by the California Emergency Management Agency? ☐ YES ☐ NO

Position Number:

2. Do you need reasonable accommodation to take a written test? ☐ YES ☐ NO  
(If "Yes", you will be notified to make special arrangements)

**DO NOT COMPLETE SECTION BELOW – FOR HUMAN RESOURCES USE ONLY**

### TRANSACTIONS UNIT

Highest, permanent, A01 appointment			
Class Code	Title	Tenure/Time Base	Range (if applicable)

Eligible for Transfer? ☐ YES ☐ NO

Transfer Eligibility Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

### RECRUITMENT AND SELECTION SERVICES SECTION

Date Test Scheduled: \_\_\_\_\_ Date notified of test: \_\_\_\_\_

Points: \_\_\_\_\_ ☐ Pass ☐ Fail Scored By: \_\_\_\_\_

Date Score Entered: \_\_\_\_\_ Date Results Sent: \_\_\_\_\_

### Privacy Statement

This information is requested by the California Emergency Management Agency, Recruitment and Selection Services Section, per State Personnel Board Rule 174. Disclosure of Social Security Number is required to verify civil service eligibility for the SSA Transfer Examination.